

## Joint Letter - GMS Contract Update for 2021/22 and Beyond



Prior to the Scottish LMC Conference, we want to take this opportunity to emphasise our continuing commitment to the 2018 General Medical Services Contract in Scotland document (“the Contract Offer” or “Blue Book”) and to reconfirm the investment commitment into general practice and primary care. Our experiences and those of the wider system during the pandemic have confirmed to us that the principles and aims contained within the Contract Offer remain the right ones - collaborative multi-disciplinary teams working alongside GPs in their role as Expert Medical Generalists to manage patients in their own community.

We have achieved a great deal and it is important we do not lose sight of that. But we must recognise we still have some way to go. Nowhere is this clearer than in our efforts over the last two and a half years to deliver enhanced multi-disciplinary teams; a key commitment in the Contract Offer. This is why we intend to make the reforms we have made a permanent part of the support that you receive from NHS Boards and Health & Social Care Partnerships – by putting them on a contractual footing.

This presents a number of challenges as we will need to do it in such a way that continues the development of NHS Board-employed multi-disciplinary teams and the transfer of responsibility for services from practices to Health & Social Care Partnerships, as was originally intended in the Contract Offer. Patient safety will be paramount in our efforts to transform primary care and there can be no gap in service provision as a result of our proposed changes. On this basis, we have jointly agreed to the following approach for each of the multi-disciplinary team services committed to in the Contract Offer.

**Vaccination Services** – Vaccinations that are still in the core GMS contract under the Additional Services Schedule, such as childhood vaccinations and immunisations and travel immunisations, will be removed from GMS Contract and PMS Agreement regulations by 1 October 2021. All historic income from vaccinations will transfer to the Global Sum 2022-23 including that from the five vaccination Directed Enhanced Services<sup>1</sup>.

Whilst our joint policy position remains that general practice should not be the default provider of vaccinations, we understand that practices may still be involved in the delivery of some vaccinations in 2022-23 arrangements. Where this is necessary, it will be covered on a new Transitional Service basis to be negotiated by SGPC and the Scottish Government in 2021 and payments will be made to practices providing these services from 2022-23.

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<sup>1</sup> The Childhood Immunisation Scheme, the Influenza & Pneumococcal Scheme, the Meningitis B Immunisation Scheme, the Pertussis immunisation programme for pregnant and post-natal women, and the Shingles (Herpes Zoster) Immunisation Scheme.

**Pharmacotherapy** – Regulations will be amended so that NHS Boards are responsible for providing a Level One Pharmacotherapy service to every general practice for 2022-23. Payments for those practices that still do not benefit from a Level One Pharmacotherapy service by 2022-23 will be made via a Transitional Service until such time as the service is provided.

**Community Treatment and Care Services** – Regulations will be amended so that Boards are responsible for providing a community treatment and care service for 2022-23. Where practices do not benefit from this service, payment will be made via a Transitional Service basis until such time the service is provided.

**Urgent care Service** – Legislation will be amended so that Boards are responsible for providing an Urgent Care service to practices for 2023-24. Consideration will need to be given about how this commitment fits into the wider Redesigning of Urgent Care work currently in progress.

**Additional Professional Roles (e.g. Mental Health Workers, Physiotherapists, Community Link Workers)** – The pandemic has highlighted the need for early local intervention to tackle the rising levels of mental health problems across all practices as well as the challenges in areas of high health inequalities. Working with Health & Social Care Partnerships and NHS Boards, we will consider how best to develop these services at practice level, and establish more clearly the ‘endpoint’ for the additional professional roles commitment in the Contract Offer by the end of 2021.

Let us both be clear that we are not proposing to make any changes to practices’ responsibilities to provide essential services. There may be times where it is appropriate for a practice to provide a service opportunistically such as wound care, phlebotomy or repeat prescriptions. GPs will also still retain responsibility for providing travel advice to patients where their clinical condition requires individual consideration. But you will all have a contractual right to extended multi-disciplinary support in your communities as set out above. We also recognise that there will be by exception some practices in **remote and rural communities** where there are no alternatives to ongoing practice delivery identified through a satisfactory options appraisal. The Scottish Government and SGPC will negotiate a separate arrangement including funding for these practices.

We also want to be clear that transitional services are not our preferred outcome nor something we see as a long-term solution. We are keen for NHS Boards, Health & Social Care Partnerships and Board-funded GP sub-committees to do everything they can at local level to accelerate service redesign in the next 18 months. Regulation changes strongly signal our intent that GP practices will not be the default provider of these services in future and community multi-disciplinary teams will be a permanent part of the health and social care landscape. Throughout the process for making these changes, we will rely on your input, that of NHS Boards and Health & Social Care Partnerships as well as the public at large to ensure the changes proposed here are done in ways that remain true to the Contract Offer commitments. On this note, work will now begin between Scottish Government, the BMA, NHS Boards and Health & Social Care Partnerships on updating the Memorandum of Understanding under which these services will be delivered.

We are also aware that whilst the focus of this letter has been on recommitting to and charting a course for the delivery of multi-disciplinary teams, we will however not enhance the sustainability of general practice through these steps alone. The Scottish Government remains committed to investing an additional £500 million per year in Primary Care by the end of this Parliament, including £250 million in direct support of general practice. It is important that we continue to have an updated understanding of the general practice workforce in itself and to that end, we commit to jointly analysing the workforce data provided by practices as soon as practical in 2021 as well as issuing a voluntary workload survey shortly. This will be an important part of the groundwork for delivering the expansion of GP numbers by 2027 that Scottish Government is committed to. Finally, we remain committed to Phase Two of the GP Contract and will analyse the earnings and expenses data previously provided by practices in 2021.

Our shared aim is to create for Scotland a world class publicly funded health care system which starts with General Practice and all the support networks around it. We look forward to further sharing our vision with you on how we make that happen with you at the Scottish LMC Conference.



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